

**SUMMARY REPORT DIGEST-**  
**COMPLAINT REGISTER INVESTIGATION NO.:**  
**CHICAGO POLICE DEPARTMENT**

301249

DATE OF REPORT (DAY-MO.-YEAR)

15 DEC 06

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED.  
 SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

**TO: SUPERINTENDENT OF POLICE**  
**ATTENTION  ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS**  
 **ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION**

FROM-INVESTIGATOR'S NAME VAJL, Mark G.			RANK SGT	STAR NO. 874	SOCIAL SEC. NO.	EMPLOYEE NO. [REDACTED]	UNIT ASSIGN. 650
ADDRESS OF INCIDENT 71 [REDACTED] S. Campbell			DATE OF INCIDENT -TIME 12 OCT 04 - 1100			BEAT OF INCIDENT 0831	LOCATION CODE* 290
ACCUSED	NAME 1. FORBERG, Brian L.	RANK DET	STAR NO. 21249	SOCIAL SEC. NO.	EMPLOYEE NO. [REDACTED]	UNIT ASSIGN. 610	
	2. FOSTER, John L.	DET	20288			610	
SEX/RACE 1. M/W	D.O.B. [REDACTED] 50	DATE OF APPOINTMENT 10 JUL 95	DUTY STATUS (TIME OF INCIDENT) <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			<input checked="" type="checkbox"/> SWORN <input type="checkbox"/> CIVILIAN	PHYS. COND. CODE# 01
2. M/W	[REDACTED] 66	18 NOV 91	<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			<input checked="" type="checkbox"/> SWORN <input type="checkbox"/> CIVILIAN	01
IF APPLICABLE - DATE ARRESTED/INDICTED		CHARGES	COURT BRANCH		DISPOSITION & DATE		
1.							
2.							
COMPLAINANTS	NAME [REDACTED]	ADDRESS** [REDACTED]	CITY STATE Chicago, IL 60629	TELEPHONE [REDACTED]	SEX/RACE M/B	D.O.B./AGE [REDACTED] 54	PHYS. COND. CODE# UNK
VICTIMS	NAME [REDACTED]	ADDRESS** [REDACTED]	CITY STATE [REDACTED]	TELEPHONE [REDACTED]	SEX/RACE [REDACTED]	D.O.B./AGE [REDACTED]	PHYS. COND. CODE# [REDACTED]
WITNESSES	NAME [REDACTED]	ADDRESS** [REDACTED]	CITY STATE [REDACTED]	TELEPHONE [REDACTED]	SEX/RACE [REDACTED]	D.O.B./AGE [REDACTED]	PHYS. COND. CODE# [REDACTED]
<input type="checkbox"/> SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.							
ALLEGATIONS	The complainant alleges that two male white casually dressed officers, FOSTER & FORBERG, entered and searched [REDACTED] residence because [REDACTED] is wanted for questioning of a homicide. The complainant alleges that one of the officers pointed a weapon toward his head. The complainant further alleges that while one of the officers were attempting to handcuff him, he was burnt with a lit cigarette.						
	ARREST: INJURY: MEDICAL ATTENTION:	NONE Burn On The Right Wrist NONE					

I.A.D. LOCATION CODES\*

- 01 Food Sales/Restaurant
- 02 Tavern/Liquor Store
- 03 Other Business Establishment
- 04 Police Building
- 05 Lockup Facility
- 06 Police Maintenance Facility
- 07 CPD Automotive Pound Facility
- 08 Other Police Property
- 09 Police Communications System
- 10 Court Room

- 11 Public Transportation Veh./Facility
- 12 Park District Property
- 13 Airport
- 14 Public Property Other
- 15 Other Private Premise
- 16 Expressway/Interstate System
- 17 Public Way - Other
- 18 Waterway, Incl. Park District
- 19 Private Residence

I.A.D. PHYSICAL CONDITION CODES†

- 01 No Visible Injury - Apparently Normal
- 02 No Visible injury - Under Influence
- 03 Injured, Not Hospitalized
- 04 Injured, Not Hospitalized - Under Influence
- 05 Injured, Hospitalized
- 06 Injured, Hospitalized - Under Influence
- 07 Injured, Refused Medical Aid
- 08 Injured, Refused Medical Aid - Under Influence
- 09 Deceased
- 10 Deceased - Under Influence

\* \* IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX

CPD-44.112A (1/84)

C.R. NO.

301249

Attachment # 2

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).  
In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

SEE INVESTIGATOR'S REPORT ( Attachment #3)

SUMMARY

ATTACHMENTS	INVESTIGATIVE REPORTS-SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS:	INVESTIGATIVE REPORTS-SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS:	PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS:	TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE:
	1	3	0	8

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.

Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for .... days (not to exceed 5 days).

FINDINGS-RECOMMENDATIONS

The complainant has failed to contact the assigned investigator and sign the Sworn Affidavit of Allegation(s). This investigation is closed as UNFOUNDED.

No disciplinary action to be taken.

DATE INITIATED (DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION)	18 OCT 04	DATE COMPLETED (DATE OF THIS REPORT)	15 DEC 06	ELAPSED TIME (TOTAL TIME, EXPRESSED IN DAYS)	756
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Investigator will initiate the Command Channel Review form by completing the Investigator's Section.

INVESTIGATOR

IF NECESSARY, USE AN 8 1/2 x 11" SHEET OF WHITE PAPER TO CONTINUE ANY ITEM.

## LIST OF ATTACHMENTS

- 1) Complaint Against Department Member
- 2) Summary Report Digest
- 3) Investigator's To - From Report
- 4) Request For Contact Letter
- 5) Request For Contact Envelope
- 6) Request For Time Extension
- 7) Certified Letter Receipt Arrival At U.S. Post Office
- 8) Domestic Return Receipt For Certified Letter